

Platte Valley Medical Center (PVMC) Float Pool Staffing Plan

Patient Population & Nursing Scope of Service

The registered nurse (RN) for the float pool will provide nursing care to wide variety of patients within PVMC. During every shift, the RN will be a member of a nursing team that provides direct nursing care to a specific unit within the hospital. It is quite conceivable that the RN may start their shift in one unit and then based on a change in census and acuity be transferred or moved to a different unit to meet patient and operational requirements.

Services Not Provided

- Nursing support to L&D & NICU units

Leadership of Unit

- Director

Professional Standards

- Qualifications and Competencies (varies from department and specialty)
 - Critical Care Float Pool
 - ICU – RN License, BLS, ACLS, NIHSS, TNCC, TCAR
 - ED – RN License, BLS, ACLS, NIHSS TNCC, PALS, ENPC
 - Tele/Stepdown (2West)- RN License, BLS, ACLS, NIHSS, TNCC (preferred)
 - Med/Surg (3 West)- RN License, BLS, ACLS, NIHSS, TNCC (preferred)
 - PACU- RN License, BLS, ACLS, PALS
- Nurse Practice Organization:
 - Refer to Unit based staffing plans

Competency of Caregivers

All nursing staff are oriented and trained upon hire to their respective units (example Tele, Med/Surg, ICU, ED, etc) and able to demonstrate competency of the direct care of the aggregate patient population served.

- Documentation of orientation for each unit served will be in the individual nursing staff member's orientation packet and kept on file.
- Each nursing staff member will also receive skills training and review via education provided through the learning management system and skills fair.
- Individual department staffing plans will be provided at time of orientation. These plans are also always made available on the units.

Staffing Personnel

- Registered Nurses

Shift By Shift Staffing

The goal is to staff based upon the needs of each unit. The staff will be floated to unit they are trained and determined to be competent in. The unit staffing plans will vary from each department. Each unit's staffing is made available at orientation and on the unit.

The formal process for managing patient flow includes (but is not limited to):

- Overall acuity and workload of the floor with respect to patient turnover (Admission, Discharges and Transfers)
- Charge Nurse/Bedside Nurse/Leadership assessment of ability to safely manage current patient assignment and assume an admission.
- If the acuity of the unit is determined to be high, or admissions are pending, the charge nurse can:
 1. Assess ability for Charge Nurse to take patient(s) assignment
 2. Bring in extra staff or limit the number of patients to be admitted until the acuity or volume decreases by coordinating with the Hospital Supervisor and Bed Planning.

The RN uses the following chain of command for any concerns or issues related to staffing:

- Charge Nurse
- Resource Nurse
- House Supervisors
- Specific Unit Nurse Manager
- Director
- Administrator On Call
- Chief Nursing Officer
- Regional Chief Nursing Officer

Outcomes and Quality

The unit staffing plan's effectiveness will be evaluated using the following measurements as applicable: patient experience, staffing metrics, and nursing sensitive indicators.

Reviewed and approved by unit manager on: 12/14/2022

Reviewed and/or made available to staff on: 12/14/2022